RFP-CMS-APP150491-2015 Hospital Engagement Network 2.0

Contracts Questions

Question No.	Section and Title	Page #	Question	CMS Response
1.	B1: Description of Services	2	What is the duration of this Contract? 1 year or 1 year with 1 option year?	The period of performance for HEN 2.0 contracts will be 12 months.
2.	J.6 Business Proposal Template	Summary Tab	Please clarify whether both Base and Option Year columns should be completed for the proposal submission since the performance period listed in the RFP references only 12 months.	Please see revised Attachment J.6 included in amendment 00001.
3.	B.3–Pricing/Payment Schedule	2	Please confirm that the performance period is only 12 months and that the contract terms do not allow for any additional option years, e.g. that a new RFP would need to be issued to continue the HEN program.	The period of performance for HEN 2.0 contracts will be 12 months. There will be no Option Years.
4.	General	N/A	Is there an estimate on when the HEN contracts will likely be awarded?	The best estimate CMS can provide is that all awards are estimated to be made in Fiscal Year 2015.
5.	J.4 Project Evaluation Activity Statement of Work	Attachment	I note that an evaluation contractor scope of work is attached to this	CMS anticipates separate procurements for all three support contracts. Attachments J.3, J.4 and J.5 were included for informational purposes only. They do not reflect the anticipated actual Statement of Work.

			procurement as an attachment. Will there be a separate procurement for the HENS PEC?	
6.	J.7 Past Performance Questionnaire	1-5	If the potential offeror has a record in CPARS from a previous Federal contracting engagement does this form require submission? Or does this form require completion with all forms submitted under attachment J.13?	Even if a potential offeror has a record in CPARS Attachment J.13 must be completed per the instructions identified in Section L of the tis RFP.
7.	J 6 Business Proposal Template	None	The sample form has columns for base year and option year and yet the term of the contract in F3 is stated to be one year. Please clarify if they term is one year and if there is an option year? Should both columns be completed?	The period of performance for HEN 2.0 contracts will be 12 months. There will be no Option Years.
8.	J 7 Past Performance Template	1	How many organizations are you expecting past performance templates from? Is there a way to know if they have been turned in or do we need to circle back and	If your organization is utilizing Attachment J.7, CMS would expect that each offeror will provide enough relevant information for CMS to properly evaluate your past history. The responsibility to ensure completion of these forms rests with the offeror.

			remind them to complete?	
9.	J 13 Past Performance Submission	1	If my COR completed an evaluation in CPAR, may that be used in place the form J 13 as it was an evaluation of our performance?	Even if a potential offeror has a record in CPARS Attachment J.13 must be completed per the instructions identified in Section L of the tis RFP.
10.	J 8 Small Business Submission	1	When should the Small Business Submission first be submitted?	As found in Attachment J.1: In accordance with FAR 19.702 each offeror is required at time of proposal submission to provide a completed Small Business Subcontracting Plan (as provided in Section J). CMS must advise all potential offerors that it is the responsibility of your organization to fully understand and complete this document. The applicable Far reference has been provided for your convenience. The small business goals as documented in the RFP should be utilized to complete your plan.
11.	Section L, d Proposal Submission	57	Will Word and Excel 2007-2013 be Ok? Word 2010 does not give us the option to save as a 2007 document (it does give us the option to save as a 97-2003 document because that version was not compatible).	To be compatible with current CMS systems MS Word 2010 and lower may be utilized for proposal submission.
12.	Section & Title: G Contract Administration Data	21	Item G.9 "Subcontracting Reporting (Only for Large Businesses). Can you please define	A large business is any business entity not identified as a small business concern. This would include all large companies, hospitals, educational institutions, non-profit organizations, etc.

			"large businesses?"	
13.	Section & Title: Business Submission Form	1	May we use the same indirect rate as we did with the first HEN contract?	In the event your organizations indirect rate is the same, yes. However please know that each business proposal will be evaluated on its own merits related to this requirement.
14.	Section L.4 Part II Technical Submission	60	How many examples of Part Performance Questionnaires are needed?	Per Section L instructions; All CMS contracts within the last 3 years and all relevant contracts…..
15.	Section L.4 Part III Business Submission	61	Is this RFP subject to HHS salary caps? NIH Grants	Please see the response to question #20. CMS must once again remind all potential offerors that HEN 2.0 contracts are not grants. Grant application submissions will be deemed to be deficient per the instructions and subsequently removed from further evaluation.
16.	Section F.3 Period of Performance	15	What is the anticipated start date for this project?	While there is no expected award date at this point in time, CMS can confirm that the anticipated start date will be immediately upon award.
17.	SECTION J – List of Attachments	J.7 – Past Performance Questionnaire	Is the past performance questionnaire completed by the HEN submitting the proposal, or by previous HEN subcontractors? How many are required? Does this get submitted with full proposal?	If your organization is utilizing Attachment J.7 it means you have no relevant Federal Government past performance, therefore Attachment J.7 would be completed by any entity your organization contracted with in accordance with the instructions provided.
18.	SECTION L – Proposal Content	L.4 – Part I: Organizational Requirements page: 57-58	What documents are required to be submitted to determine the organization meets the "go no go" criteria?	Offerors are advised to submit any documentation (within the 2 page limit) they determine to be relevant that will allow CMS to determine eligibility.

19.	SECTION L.4, PART III: BUSINESS SUBMISSIONS	61	Budget: Are certified budgets required in the initial submission from HEN prime contractors and their subcontractors? Will budget certification be required at the time that the contract is signed?	Each potential offeror is required to submit an accurate and complete business proposal in accordance with the instructions found in Section L of this RFP. An offeror submitting as a prime may submit their business proposal inclusive of all subcontractor(s) pricing or have each potential subcontractor submit under separate cover to protect proprietary information. If a subcontractor does submit separately CMS would suggest that they mark their submission clearly so it can be tied back to the prime contractor's proposal. Under either scenario CMS expects each prime to clearly and completely account for all potential pricing in their business proposal summary
20.	SECTION L.4, PART III: BUSINESS SUBMISSIONS	61	"The Consolidated and Further Continuing Appropriations Act, 2015, Public Law 113-235, signed into law on December 16, 2014, restricts the amount of direct salary which may be paid to an individual under an HHS grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 11, 2015, the Executive Level II salary level is $183,300." We would ask CMS to clarify	No. HEN 2.0 contracts are not subject to the Salary Limitation as outlined in FY 2015 AHRQ Grants, Cooperative Agreements, and Contracts. CMS must once again remind all potential offerors that HEN 2.0 contracts are not grants. Grant application submissions will be deemed to be deficient per the instructions and subsequently removed from further evaluation. For restrictions to employee compensations please refer to the Office of Management and Budget Guidelines https://www.whitehouse.gov/omb/procurement/cecp

			whether HEN is an "applicable contract" subject to this salary restriction, or if salary limits must merely be reasonable based on what persons are capable of earning on the open market.	
21.	SECTION L.4 PROPOSAL CONTENTS	60	Could CMS clarify if the resumes requested will count towards the 55-page limit for the technical proposal, or could they be added as an appendix?	No, resumes will not count toward the 55 page limit of the technical proposal.
22.	SECTION G.8 SUBCONTRACT CONSENT	21	Could CMS please clarify the intent of its assertion that for the purposes of this contract, consultants are considered subcontractors? Specifically, does this mean that all consultants will be required to sign agreements that include all flow-down clauses and all contractual requirements that will exist for the prime contractors? We believe that this would be extremely	CMS would advise all offerors to review the revised Section G of the RFP found in RFP Amendment 00001.

			burdensome and may significantly limit HENs in their efforts to obtain experts to provide coaching and training as part of HEN meetings or events.	
23.	SECTION G.8 SUBCONTRACT CONSENT	21	Because this is a fixed-price contract, we would ask CMS to clarify the requirements related to government approval of subcontracting relationships. It is our understanding that fixed-price contracts do not require approval of subcontracts. We are concerned that if CMS requires that all subcontracts and consulting agreements (and changes or modifications to these agreements) must be preapproved by CMS, the numbers of requested approvals will lead to delays that will affect our ability to execute on our proposed strategy. From just our HEN, we would anticipate the need for at least 250	CMS would advise all offerors to review the revised Section G of the RFP found in RFP Amendment 00001.

			such approvals during the contract period.	
24.	SECTION G.8 SUBCONTRACT CONSENT	21	If preapproval of subcontracts is required, does this extend to include the preapproval of subcontracts or consulting agreements that our subcontractors execute? Or are preapprovals limited to only the agreements entered into by the prime HEN contractor?	CMS would advise all offerors to review the revised Section G of the RFP found in RFP Amendment 00001.
25.	SECTION G.9 SUBCONTRACTING REPORTING (ONLY FOR LARGE BUSINESSES)	21	According to Section G.9, the subcontract reporting requirements only apply to large businesses. As a 501(c)(3), our organization is not classified as a large business. Does this mean that we are not required to perform the small business reporting requirements since we are not technically a large business?	As found in Attachment J.1: In accordance with FAR 19.702 each offeror is required at time of proposal submission to provide a completed Small Business Subcontracting Plan (as provided in Section J). CMS must advise all potential offerors that it is the responsibility of your organization to fully understand and complete this document. The applicable Far reference has been provided for your convenience. The small business goals as documented in the RFP should be utilized to complete your plan. So as an identified non-profit your organization is required to complete this report.
26.	SECTION G.12 DISSEMINATION, PUBLICATION AND DISTRIBUTION OF INFORMATION	23	Section G.12.e requires COR review prior to any dissemination of information obtained	In accordance with Section G.12.e the COR should in fact be made aware of this type of information prior to any planned dissemination or distribution. Please keep in mind that the focus of Section G.12.e

			through the HEN project. While we are supportive of the aims of this section, we would ask that CMS confirm that this prior approval does NOT apply to information the HENs share with their partners and hospitals to aid their improvement efforts. Such prior review would significantly impact our ability to provide rapid-cycle feedback to participants on their improvement efforts	is related to information that could be disseminated to the public, outside of your HEN network.
27.	SECTION H.2 RESTRICTIONS AGAINST DISCLOSURE	32	Could CMS confirm that the restrictions against disclosing information collected as part of the HEN contract do not apply to information that meets any of the following conditions: 1) The hospital agrees for the information to be publicly disclosed; or 2) The information is aggregated to the state or HEN level and shared with participants as part of	In accordance with Section G.12.e the COR should in fact be made aware of this type of information prior to any planned dissemination or distribution. Please keep in mind that the focus of Section G.12.e is related to information that could be disseminated to the public, outside of your HEN network.

			ongoing improvement activities?	
28.	SECTION H.4 SECURITY CLAUSE-BACKGROUND-INVESTIGATIONS FOR CONTRACTOR PERSONNEL	33	Section H.4.B. Could CMS confirm that none of the positions of personnel on the HEN contract will require any sort of background checks? If some background checks will be required, please explain which check levels will be required for which personnel types, and please provide an estimate for how long those checks will take.	In accordance with H.4 it is noted that "if applicable"; CMS does not anticipate this to be applicable however this is a mandatory provision that must be included in all contracts.
29.	SECTION H.12 NOTICE OF THE POTENTIAL FOR TERMINATION FOR CONVENIENCE IN ACCORDANCE WITH 52.249-2 -- TERMINATION FOR CONVENIENCE OF THE GOVERNMENT (FIXED-PRICE)	44	Section H.12 states that "CMS will receive in August of 2015 the final data required to submit to OACT for a final determination that may result in an expansion, a continuation or a termination of activities related to the entire program." We have two questions: 1) How long does CMS expect it will take OACT to make this final determination; 2) Does CMS intend to delay	CMS is unfortunately not privy to the OACT timetable. CMS does not intend to delay the awarding of any contracts to coincide with the OACT determination

			awarding the contracts until after this final determination has been made, or do they plan to make awards subject to cancellation within a short period of time if the OACT recommends the program be terminated?	
30.	Section H-SPECIAL CONTRACT REQUIREMENTS, H.12 Notice of the potential for Termination for Convenience in accordance with 52.249-2-Termination for Convenience of the Government (Fixed-Price)	44	Offerors are notified that in August of 2015 CMS will receive the final data required to submit to OACT for a final determination that may result in an expansion, a continuation, or a termination of activities related to the entire program. Can you provide details on what you mean by "expansion"? For example, does this mean expansion in the program term or program requirements, or both?	The term "expansion" refers to a national rollout of this model.
31.	Section/Attachment J-7 Past Performance Questionnaire	N/A	Can you provide clarification/additional details on what Offerors are required to do with this	If your organization is utilizing Attachment J.7 it means you have no relevant Federal Government past performance, therefore Attachment J.7 would be completed by any entity your organization contracted with in accordance with the instructions provided.

			questionnaire (the process) and what specific information on past performance is required to be submitted with the proposal?	
32.	Section L-INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFERORS OR QUOTERS, L.3 SPECIAL INSTRUCTIONS, c. Availability of Funds	57	Offerors are notified that this solicitation is issued based upon the anticipated availability of funds since funds are not presently available. Is there further clarification you can provide on what information you are awaiting in order to determine fund availability as well as when you expect to know when funds will be available and the potential amounts?	At this time the funding for this requirement is pending availability. It is the responsibility of CMS to inform all potential offerors when funds are pending availability. It is CMS' expectation that funds will be made available Spring of Fiscal Year 2015 for this requirement. Please be advised that this RFP does not commit the Government to pay any costs associated with the preparation and submission of a proposal. In addition, the Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with this procurement.
33.	L.4 Proposal Contents Part III Business Submission	61	Is the Business Submission page limit (20 pages) separate from the Technical Submission? Or is it to be included in the 55 page limit?	Yes, the Business Submission is separate from the Technical Submission. Please refer to Section L of the RFP for clarification.
34.	Attachment J.6 Business Proposal Template	Sheet 3 "Travel"	Is it the expectation of CMS that the offeror will submit proposed travel (both in summary and in the	Yes. If travel is required CMS would expect to see it broken out in both.

			schedule) for the 12-month contract?	
35.	L.4 Proposal Contents Part III Business Submission	61	What are the spacing and font requirements (formatting) for the business submission?	CMS has put forth no requirements related to spacing and font size. CMS expects each offeror to provide their proposal in complete and professional manner.
36.	L.4 Proposal Contents Part I - Organizational Requirements	57	What are the spacing and font requirements (formatting) for the organizational requirements submission? Are the two pages (maximum) limit separate from other page limits expressed throughout the Proposal Contents section?	CMS has put forth no requirements related to spacing and font size. CMS expects each offeror to provide their proposal in complete and professional manner.
37.	Section M. M.4. General Procedure for Award of Contract (July 2014)	67	Regarding the reference to July 2014 in this section's header, is this a typo that should read July 2015?	This is not a typo. The date refers to when the policy or provision was instituted.
38.	H.9 – CMS Information Security	41-42	Is FISMA certification required or do we just need to meet the FISMA requirements (not certified)?	Each HEN 2.0 contractor must meet all FISMA requirements per H.9. Certification is not required. For further explanation please refer to RFP Section H.9.
39.	Section L.3.c. Availability of Funds	57	This section notes that the "solicitation is issued based upon the anticipated availability of funds since funds are not presently available." Does CMS	CMS will not provide an estimate of funding for this effort. CMS must make it clear that there is no average award amount. It is the expectation of CMS that each offeror will put forth their best performance based solution to the government's requirement.

			have an estimate of the total amount of funding that will be available nation-wide? Does CMS have an estimate of the average award amount?	
40.	Attachment J.6. Business Proposal Template	Summary Tab	Is it permissible to use contract funds to purchase software to support the project?	If the purchase of software is part of your technical solution it is permissible.
41.	Section C3Task Four; Section H.9 CMS Information Security; and Section I.	41-42	The Statement of Work and Section H.9 indicate that the "data collection plan must be in compliance with HIPAA as well as FISMA." Can CMS clarify if there have been any changes to the FISMA compliance requirements since the HEN Option Year 1 contract?	The government would advise each and every offeror to fully read and understand both H.8 (HIPPA) and H.9 (FISMA) respectively when developing their respective proposals.
42.	G.8 – Subcontract Consent	21	If a speaker is hired for a learning event and paid an honorarium and travel expenses, are they considered a subcontractor	Yes they would be considered a subcontractor. Please refer to the revised Section G.8 Subcontract for further clarification.

Program Questions

Question No.	Section and Title	Page #	Question	CMS Response
1.	Subtask 4.1 Cost Savings as a Result of HEN Activities	8	Please clarify whether CMS will provide all HENs with a standard methodology to calculate cost savings estimates (e.g. per event costs referenced in literature and cited in the AHRQ Interim Results report) or will each HEN be expected to develop/utilize and report on their own ROI methodologies?	CMS supports HENs attending to calculations that are the most relevant to them and to their member hospitals. The HEN will be responsible for developing their cost saving methodology and report estimated cost savings related to harm reduction activities in the HEN's monthly report. CMS encourages HENs to propose and support innovative, evidence-based methodologies in quantifying their cost savings. Further, costs/charges/prices are both geographically variable and constantly changing. Per-event costs are referenced in literature and are cited in publically-available documents, such as the AHRQ Interim Results report, which can be accessed here: http://www.ahrq.gov/professionals/quality-patient-safety/pfp/interimhacrate2013.pdf.
2.	Section C-Description/Specification/Work Statement- Task two	5	What options will we have in terms of educational activities? Will there be funding for us to carry out local collaborative and regional meetings and will we be able to invite national speakers?	CMS encourages offerors to propose what they believe to be the optimum solution to achieving the requirements for training outlined in Task Two of the Statement of Work (SoW) included in the RFP. Each applicant is responsible for developing their own budget. Applicants are encouraged to provide detailed financial accounting of their proposed training budget as part of their proposal. Applicants shall adhere to the HHS Policy on Use of Appropriated Funds for Conferences and Meeting Spaces, which can be found at: http://www.hhs.gov/asfr/ogapa/acquisition/policies/appropriated-funds-use-for-conferences-meeting-space-6-24-2013.html
3.	Section C-	6	How can the	Offerors are not limited to assessing racial and ethnic

	Description/Specification/Work Statement-Subtask 3.2: Disparities		concept of disparities be applied to Puerto Rico? We do not have different races or ethnicities in Puerto Rico. Would educational level, age and socio economic factors be enough?	disparities in healthcare, and may use other patient demographic factors, including but not limited to: socio-economic status, education, and literacy to track and identify healthcare disparities, including disparities in patient harm and readmissions. There are a variety of races and ethnicities in Puerto Rico that will enable the assessment of racial and ethnic disparities in healthcare. The 2010 U.S. Census reported that over 24% of the total population in Puerto Rico identified themselves as non-white, with 12% of the population identified as Black or African American. The 2010 Census: Puerto Rico Profile provides a snapshot of the racial and ethnic breakdown of Puerto Rico.
4.	Section C-Description/Specification/Work Statement-Subtask 1.2: Recruitment of Hospitals	5	Will we only be allowed to recruit acute care hospitals or can psychiatric and rehabilitation hospitals also participate?	The overall Partnership for Patients initiative goal remains to recruit the active participation of 100% of acute care hospitals in the U.S. As in the first round of contracts, acute care hospitals are the only participants that will be counted toward HEN "participating hospitals".
5.	Section C-Description/Specification/Work Statement- Task Four: Measure and Track Hospital Performance	7	What will be the standardized measures? There is a table with 17 measures on the RFP, but will there also be standardized measures for ADE and Readmissions?	The measures included in Task Four are commonly reported and nationally-standardized measures based on the convergence of the learnings of the Partnership for Patients to date. As defined in the SoW, HENs with participating hospitals that have a primarily adult population must report measures related to opioid safety, anticoagulation safety, and glycemic management, at a minimum. This is consistent with the recently-released National Action Plan to reduce Adverse Drug Events. Given the lack of consensus of standardized measures on both ADEs and readmissions, CMS will allow flexibility to HENs and hospitals in determining measures.
6.	Section C-1 Background	2	The second item under ADE states	CMS does not require hospitals with primarily adult populations to report on pediatric measures; however,

			"Hospitals with primarily an adult population are also encouraged to report on these pediatric-related areas." Is reporting required for opioids only or for 3 ADE areas?	these hospitals are strongly encouraged to report on all three ADEs relevant to adults, for example, (hypoglycemic, anticoagulants, and opioids).
7.	Section C-1 Background	3	"HENs are expected to address all other forms of preventable patient harm in pursuit of safety across the board." Please clarify the intent for addressing of all other forms of preventable patient harm.	The goal of the PfP initiative is to achieve a 40% reduction in "all cause" preventable inpatient harm and a 20% reduction in 30-day readmissions. Based on the latest results of the AHRQ National Scorecard, patient safety is improving in the United States Between 2012 and 2014 The Partnership for Patients was able to enroll enough hospitals to cover approximately 80%of the nation's acute care discharges. A report released in December of 2014 by the Department of Health and Human Services estimated the overall impact on improved patient safety of the Partnership for Patients and many other programs and interventions deployed over the same period of time. This impact included an estimated 50,000 fewer patient deaths from preventable harm, and approximately $12 billion in health care costs avoided. However, much work still remains to be done. CMS continues to encourage hospitals to address all forms of preventable patient harm. The intent is to achieve a 40% reduction in all causes of preventable harm, because this will continue to save lives and make hospitals safer for all patients.
8.	Section C-1 Background	3	"HENs are expected to detail their plans to address these other forms of	Each HEN awarded a contract in this solicitation will be expected to reduce all-cause preventable harm, HEN-wide, by 40%. Each HEN in its proposal must decide the best course of action, and measurement and reporting strategy necessary to achieve that goal with the hospitals

			harm, including at a minimum the bold aims, measures, and evidence-based best practices they propose to put in place." Please clarify the intent, participation (HEN-wide or cohort) and reporting requirements for the detailed plans addressing all other forms of harm.	it proposes to work with. The intent is exactly the same as it was in the first round of HEN contracts awarded from 2011-2014.
9.	Section C-1 Background	3	Are HENs limited to the selecting from the topics for consideration to address under other harms listed on page 3? Or could other areas of additional preventable harm be determined at the HEN's discretion, such as Wrong Site Surgery Prevention?	CMS allows flexibility to HENs and hospitals in topic selection beyond the ten core areas of harm. CMS has included a table of measures that are commonly-reported, nationally-standardized, and were compiled as a result of the previous work of the PfP. The HENs are not limited to addressing the topics on Page 3, and are encouraged to identify and address topics that are most impactful to their populations. The intent is to reduce all causes of preventable harm by 40% overall. In order to achieve that goal, it is very important that the most common causes of harm all be addressed.
10.	Section C-3 Requirements,	8	"The HEN shall	Please refer to Question #1.

	Task 4 Measure and Track Hospital Performance, Subtask 4.1: Cost Savings as a Result of HEN Activities		measure and report estimates of cost saving and return on investment linked to their activities." Will standardized cost saving estimates for each reported avoidable event be provided?	
11.	Section C Description/Specifications/Work Statement	3	At the bottom of page three are additional topics a HEN may add. Can the HEN work with a subgroup of hospitals on these topics is selected similar to LEAPT or do they need to work with all of the hospitals?	Applicants should propose what they believe to be the optimum solution to address the additional forms of harm that are listed beyond the ten core areas. The overall goal of the Partnership for Patients initiative remains the same, which is to continue to recruit and encourage the active participation of 100% of acute care hospitals in the U.S. in order to reduce all-cause preventable harm by 40%. For additional information, please refer to Question #9.
12.	Section C Description/Specifications/Work Statement	3	Baseline - Some of the ten strategies listed on page three were not around in 2010 and yet that is when the baseline is to be based off of. For measures where the baseline was	A12. CMS requires a 2010 baseline where possible, but recognizes that 2010 baselines may not exist for certain measures/topics (e.g. VAE). Offerors shall propose what they believe to be the optimum solution to calculating baselines in these instances. CMS intends to further address the baseline periods for these special instances through technical direction, as appropriate, following awards. The expectation for hospitals who have previously not participated in the Partnership for Patients, and for whom a 2010 baseline is not obtainable, is to utilize the most recent year of data that is available.

			created after 2010, what is the expectation? If not all hospitals have the data available back to 2010, what is the expectation? It is not possible for example to do CAUTI in 2010 for hospitals that were not participating. It would be overwhelming and focus could not be given to improvements.	
13.	Section C Description/Specifications/Work Statement	3	VAE If a HEN reduced VAP to less ten or less per quarter in a HEN with 90 hospitals would they still need to do VTE, VAE, VAC? Can a HEN opt out of VAE and use a different measure as one of the two measures they	HENs will be expected to continue to report data on the core measures/topics. HENs are required to address all ten core areas of harm, including VTE and VAE. The list of standardized, nationally-recognized measures listed in Task Four allows the HEN some variation in choosing alternative measures to report. As a 12-month effort, it will be critical to document both improvement and also sustainment of already-achieved high performance.

			may elect to collect not using the standard measures?	
14.	Section C Description/Specifications/Work Statement	3	Early Elective Delivery If a HEN is at less than one percent on EED, may they not do a process measure? Time may be better spent focusing on the few remaining and not have hospitals at zero starting to collect a process measure.	HENs will be expected to continue to report data on the core measures/topics. HENs are required to address all ten core areas of harm, including EED. HENs will be required to collect data to track improvements of care delivered by hospitals participating in their network that represent both process and outcome measures.
15.	Section C Description/Specifications/Work Statement	Eight subtask 4.1	Will CMS provide the cost per harm that the HENs will use in our cost calculations we report to provide standardization?	Please refer to Question #1.
16.	Section & Title: C Description/Specifications/Work Statement	3 & 7	The chosen measures for OB harm (vaginal deliveries) do not align with the work to be done (prevent EED, obstetrical hemorrhage,	An ideal intervention will contain elements of both "prevention" and "treatment." Complications of pregnancy and parturition are causal to significant morbidity and mortality and preventable complications and expense is incontrovertible. This harm is also increasing over time. Activity to reduce this harm has been identified as a priority by the American Congress of Obstetricians and Gynecologists (ACOG), and fits clearly into the category of "Obstetric Harm" identified in SoW for the Partnership

			preeclampsia management). Can you please explain?	for Patients.
17.	Section & Title: C Description/Specifications/Work Statement	8	HENs were previously not able to get baseline 2010 data in all areas of harm since hospitals were not collecting the data (ADEs for example). How should HENs address this?	Please refer to Question #12.
18.	Section & Title: C Description/Specifications/Work Statement	7	There are no ADE measures on the chart. How do they figure into the 12% of the measures which can be dropped?	As described in the SoW, HENs are required to utilize and address at least 15 out of 17 measures listed in Task Four. CMS has modified this table to provide clarification on the total number of measures. ADEs are not included in this table as there are not currently any nationally-standardized ADE measures. As defined in the SoW, HENs with participating hospitals that have a primarily adult population must report measures related to opioid safety, anticoagulation safety, and glycemic management, at a minimum. Given the lack of consensus of standardized measures on both ADEs and readmissions, CMS will allow flexibility to HENs and hospitals in determining measures. Please refer to Question #5 for additional detail.
19.	Section & Title: C Description/Specifications/Work Statement	7	There are more than 17 measures on the chart. Can you please explain which are	As described in the SoW, HENs are required to utilize and address at least 15 out of 17 measures listed in Task Four. CMS has modified this table to provide clarification on the total number of measures.

			paired to get to the 15 out of 17 calculation?	
20.	Section & Title: C Description/Specifications/Work Statement	3	Will we be calculating the 40%/20% reductions based on 2010 data?	The goals of the PfP program continue to focus on a 40% reduction in preventable all-cause harm and a 20% reduction in all-cause 30-day readmissions. To support these bold aims, the calculation is based on a baseline of 2010 data. In cases where 2010 data is not available (e.g. VAE), CMS utilizes the most recent data available.
21.	Section & Title: C Description/Specifications/Work Statement	4	Will the NCD be more proactive in developing campaign materials than they were under the last HEN contracts?	As the Partnership for Patients moves to the next phase, there are many lessons learned with regard to leveraging its support contractors. The purpose of the support contractors is to work with CMS to provide support to the HENs in achieving the aims of the program. CMS holds all contractors to a certain standard of performance, defined targets, and expects that all deliverables submitted shall be of the highest quality. In general, in hospital quality improvement work for the core areas of harm, abundant "campaign materials" are already in existence. These should be leveraged, not developed from scratch. The core work of improvement is not manifested by developing more materials.
22.	Section & Title: C Description/Specifications/Work Statement	6	Under Task Three towards the end of the first paragraph it states "The contractor shall assist and monitor the reduction in perinatal harm plan within their HEN." This is the only mention of a perinatal harm	We have modified Task Three to remove the word "plan". The HEN shall be required to assist with mitigating and monitor perinatal harm within their network, but there is not a requirement for a separate deliverable. This change is incorporated in Amendment 01, Section C_Amend_01 of the RFP.

			plan. Can you please clarify?	
23.	Section & Title: C Description/Specifications/Work Statement	8	Will we be expected to report on process measures, or just collect them for our own edification?	As described in Task Four of the SoW, HENs will be required to collect data to track improvements of care delivered by hospitals participating in their network that represent both process and outcome measures.
24.	Section & Title: NCD Statement of Work	Page 3 of 17	Will all HENs be required to use the OAT, or will they again be able to create their own assessment tool?	The National Content Developer (NCD) SoW which was provided as supporting documentation should be viewed as a reference for illustrative purposes. CMS will consider the use of the OAT, or similar tools, upon reviewing and developing the next phase of the NCD procurement.
25.	C Description/Specifications/Work Statement	11	On page 10 it states “The HEN shall strive to secure a signed commitment within 45 business days of contract award.” This is not listed on the deliverables table. Instead on the chart on page 11, it lists the Leadership Engagement and CAUTI plan being due 60 days of contract award. Are they the same?	CMS considers both of these deliverables to be separate and distinct. We have modified “Table 1: Deliverables” of the SoW to reflect the requirements of a signed commitment, and a CAUTI plan.

26.	Section C “Statement of Work”, TASK FOUR	8	Within the SSI section of the metrics table, please clarify what ‘multiple classes of surgery’ must be addressed in the HEN interventions and measures. Statement in table: “SSI national measurement considers all procedures; therefore, the HEN interventions and measurement shall cover multiple classes of surgeries.”	As we move to the next phase of the Partnership for Patients, we want to go well beyond only measuring SSI reduction in two common procedures: Abdominal Hysterectomy and Colectomy. CMS’s intent is to better align the individual measures used by the HENs for harm reduction to the actual goal, which is to reduce all-cause patient harm. As described in the Table in Task Four, nationally standardized measures are included for Total Hip and Knee Replacements in an effort to form a more comprehensive approach.
27.	Section C & 1.Background-ADE	3	For adult population ADE measures related to opioid safety, anticoagulation safety, and glycemic management, is there a reference listing specific measures that would be acceptable? Would the	Please refer to Question #5.

			following measures be acceptable: For anticoagulation, number of INRs>5 over the number of total INRs? For opioid safety, number of doses dispensed for major reversal agents over the number of narcotic/sedative doses dispensed? For glycemic management, number of blood glucoses <50 over the number of blood glucoses measured?	
28.	Section C & Task Four: Measure and Track Hospital Performance	7	In lieu of PrU prevalence (hospital-acquired) (NQF 0201) (Stage 2+), would a claims-based pressure ulcer rate measure that includes ICD-9 diagnosis code 707.22 for Stage 2 pressure ulcers, as well as 707.23-	The aims of the Partnership for Patients are a 40% reduction of all-cause preventable inpatient harm and a 20% reduction in 30-day readmissions. Using only the ICD-9 codes listed above, the contractor would not be able to specify whether or not the pressure ulcer is hospital-acquired or present on admission. The presence of a pressure ulcer utilizing the proposed ICD-9 codes may not appropriately measure the rate of hospital-acquired pressure ulcers. The measures listed in the table under Task Four are the results of measure convergence from learnings of the past three years of this work.

			707.25 for Stage 2+, be an acceptable alternative?	
29.	Section C & Task Four: Measure and Track Hospital Performance	7	Would submitting a modified post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT) rate (AHRQ PSI-12) that includes medical patients, as well as surgical patients, be preferred and acceptable for meeting measure convergence?	As described in the SoW, HENs are required to utilize and address at least 15 out of 17 measures listed in Task Four. CMS encourages HENs to report additional measures appropriate to their populations in an effort to address all-cause preventable inpatient harm. Measurement of VTE should include at a minimum, all surgical settings. The measures listed in the table under Task Four are the results of measure convergence from learnings of the past three years of this work.
30.	Section C & Task Four: Measure and Track Hospital Performance	7	Will CMS provide a specifications manual with measure definitions and inclusion/exclusion criteria for all contracted hospital engagement networks to follow?	CMS has included a table of measures that are commonly-reported and nationally-standardized compiled as a result of the previous work of the PfP. CMS allows flexibility to HENs and hospitals in measure selection where standardized measures are not available. HENs are encouraged to identify and address measures that are most impactful to their populations.
31.	Section C & Task Four: Measure and Track Hospital Performance	8	The “jurisdiction” for a national hospital association is	CMS has modified the wording in Task Four from “jurisdiction” to “network”. Participating hospitals are those with whom the HEN has an agreement in place to participate actively in PfP activities. CMS encourages

			unclear. Please clarify the response expected in regards to non-participating hospitals	non-participating hospitals (those who may not have an agreement in place) to embrace the reduction of all-cause preventable inpatient harm This change is incorporated in Amendment 01, Section C_Amend_01 of the RFP.
32.	Attachment J.3 & Sub-Task 1: Organizational Assessment Tool (OAT)	3	Are HENs required to have all hospitals complete the OAT assessment? If so, will there be an updated version and when will it be available?	Please see Question #24
33.	Attachment J.3 & Sub-Task 3: The contractor shall cultivate and deploy frontline providers as faculty that surface real-time best practices.	5	What is a HAC-by-HAC Action Roadmap Plan for all hospitals and what is the "IDEAL All-Cause Action Plan"?	The National Content Developer (NCD) SoW was provided as supporting documentation and should be viewed as a reference for illustrative purposes on the work of this support contractor. CMS will consider the use of these tools, or similar, upon reviewing and developing the next phase of the NCD procurement.
34.	Section C Task Two: Conduct Training	5 – last paragrap h	Will CMS please make the NCD calendar of events or their education plan available, so we can incorporate the information into our educational offerings?	As the Partnership for Patients moves to the next phase, there are many lessons learned with regard to leveraging its support contractors. The purpose of these contractors is to work with CMS to provide support to the HENs in achieving the aims of the program. This includes the transparent sharing of the calendar of events, inclusive of educational offerings.
35.	Section C Task One Subtask 1.1: Recruitment of Hospitals	5	If non-acute care hospitals (e.g.	Please refer to Question #4.

			rehabilitation or long term acute care) are interested in joining a HEN, are they eligible to participate? Do they count towards the HEN recruitment and achievement goals?	
36.	Section C Task One Subtask 1.1: Recruitment of Hospitals	5	If healthcare systems with both adult and pediatric hospitals participate, can the adult hospitals participate in a regular HEN while the pediatric hospitals take part in a the pediatric HEN? Or must an entire system participate in a single HEN?	One of the primary goals of the Partnership for Patients is to reduce all-cause harm by 40%. CMS recognizes that healthcare systems may represent varied patient populations and hospital services. CMS therefore encourages hospitals to participate with the HEN that best aligns with the needs of the populations they serve.
37.	C.1 Background	4	Is it acceptable for HEN 2.0 proposals to include the HEN engaging beyond the hospital to the broader community to address	Applicants should propose what they believe to be the optimum solution to address the ten core areas of harm, including readmissions. The overall goal of the Partnership for Patients initiative remains the same, which is to continue to recruit and encourage the active participation of 100% of acute care hospitals in the U.S. in order to reduce all-cause preventable harm by 40%. Acute care hospitals are the only eligible participants that count toward HEN “participating hospital” counts. CMS

			readmissions and HACS in the community?	supports HENs who innovatively expand quality improvement efforts into a broader range of settings in order to achieve a 40% reduction of all-cause preventable inpatient harm and a 20% reduction in all-cause readmissions.
38.	C.1 Background	4	Is it acceptable for HEN 2.0 proposals to include the HEN engage the broader community to address population health needs?	Please refer to Question #37.
39.	C.3 Requirements Task Two: Conduct Training	7	Is the LEAPT Hospital Faculty/Mentor Model an acceptable approach for training?	CMS encourages applicants to propose what they believe to be the optimum solution for the use of training approaches in order to achieve the goals of the PfP. The overall goal of the Partnership for Patients initiative remains the same, which is to continue to recruit and encourage the active participation of 100% of acute care hospitals in the U.S. in order to reduce all-cause preventable harm by 40%.
40.	C.3 Requirements Task Four: Measure and Track Hospital Performance	7	Is the NQF 0202 Falls with injury measure required to be submitted through the NDNQI database?	CMS encourages HENs to utilize widely-available tools as part of their harm reduction efforts. Please refer to the guidelines outlined by NDNQI in terms of reporting requirements. NQF measures provide scientifically relevant indicators for measuring the quality and safety in care provided.
41.	C.3 Requirements Task Four: Measure and Track Hospital Performance	7	Is the NQF 0201 PrU prevalence hospital acquired 2+ required to be submitted through	Please see Question #40 for information regarding this question.

			the NDNQI database?	
42.	C.3 Requirements Task Four: Measure and Track Hospital Performance	8	Is the only accepted outcome measure for Ventilator-Associated Event (VAE) the Ventilator-Associated Condition [VAC] and Infection-Related Ventilator-Associated Complication [IVAC] in NHSN? Or is the claims data VAP ICD9 code 997.31 acceptable as a nationally aligned measure?	CMS encourages HENs to report additional measures appropriate to their populations in an effort to address all-cause preventable inpatient harm. The list of standardized, nationally-recognized measures listed in Task Four of the SoW allows the HEN some variation in choosing alternative measures to report. Utilization of the VAP ICD-9 codes exclusively may be limiting to identification of all Ventilator-Associated Events.
43.	Section & Title: C.3 Requirements Task Five: Ongoing Status Updates	8-9	Is it expected that monthly reporting requirements include process and outcome data at the hospital level each month?	As described in Task Five of the SoW, HENs will be required to meet a number of operational metrics pertaining to the participation status of the hospitals within their network. Monthly reports shall contain information on the number of hospitals participating in each improvement projects that have submitted all available improvement measure data (e.g. process and outcome data).
44.	SECTION C – Specifications, Work Statement; C.3 Statement of Work National Content Developers	1-5	The NCD statement of work seems outdated. Conducting an OAT would be	As the Partnership for Patients moves to the next phase, there are many lessons learned with regard to leveraging its support contractors. The purpose of the support contractors is to work with CMS to provide support to the HENs in achieving the aims of the program.

			redundant to the evaluator's surveys in the field. Please provide more clarity on NCD's support role. The NCD role in LEAPT was appreciated, this included HEN- led events and HEN driven affinity groups. There is an appreciation for less webinars and affinity group meetings.	The National Content Developer (NCD) SoW which was provided as supporting documentation should be viewed as a reference for illustrative purposes. Please see Question #24 for clarification regarding the OAT.
45.	SECTION C TASK FIVE: ONGOING STATUS UPDATES	8	RFP states, 'For the mid-year 2015 monthly status report, CMS requires that …' Should this be for the mid-year or the monthly?	CMS has modified Task-Five of the SoW to clarify that the "mid-year 2015 monthly status report" has been changed to "the mid-period of performance report" (also referred to as the interim report), which is intended to address the attainment of interim targets. This change is incorporated in Amendment 01, Section C_Amend_01 of the RFP.
46.	SECTION C.1 BACKGROUND	3	In the discussion of ADEs, there is a reference to hospitals that have primarily an adult population. In the initial HEN work, there was some lack of	The overall Partnership for Patients initiative goal remains to recruit the active participation of 100% of acute care hospitals in the U.S. As in the first round of contracts, acute care hospitals are the only participants that will be counted toward HEN "participating hospitals". CMS recognizes that pediatric populations have unique patient safety needs. All hospitals in a participating HEN are required to address the ten core topics; however, as stated in the SoW, "The PfP recognizes that the pediatric

			clarity regarding the types of hospitals that should be recruited by the HENs. We believe some topics are suited almost exclusively for general acute care hospitals, some are also appropriate for pediatric hospitals, and others, such as falls, are very applicable to long-term care hospitals and even psychiatric hospitals. Could CMS please clarify which hospital types it will be acceptable for the HENs to recruit and whether it will be acceptable for some hospitals in the HENs to NOT work on some topics if those topics are not germane to their	population has unique needs as they relate to these other forms of preventable harm. Therefore, HENs supporting pediatric hospitals and pediatric wards within general hospitals may choose to augment and delineate an alternative program of work to address highest risk harms specific to the pediatric population, including readmissions." Please refer to Question #6 for additional detail regarding ADEs.

			patient population?	
47.	SECTION C TASK FOUR: MEASURE AND TRACK HOSPITAL PERFORMANCE	7	There are not recommended outcome measures for readmissions, ADE, and OB Hemorrhage / Preeclampsia. Does CMS intend to recommend specific measures for these, and if so, what are they?	Please refer Question #5 for information regarding readmissions and ADE, and Question #16 for information related to obstetric harm.
48.	SECTION C TASK FOUR: MEASURE AND TRACK HOSPITAL PERFORMANCE	7	The RFP indicates that VTE is “for all surgical settings”. Many hospitals operate ambulatory surgery centers or perform surgeries in hospital outpatient departments. Thus far, the HEN has focused exclusively on harms within the hospital. Could CMS please clarify whether they will expect HENs to collect and report data on	CMS’s intent is to better align the individual measures used by the HENs for harm reduction to the actual goal, which is to reduce all-cause patient harm. At a minimum, HENs shall work with VTE measures that include all surgical inpatients. CMS supports efforts by HENs and hospitals to broaden measurement and improvement work to include an even greater proportion of at-risk inpatients.

			surgical harms, such as VTE, outside the hospital setting, including all surgeries hospitals may sponsor in other settings of care?	
49.	SECTION C.1 BACKGROUND	3	The RFP indicates that "HENs are expected to address all other forms of preventable patient harm in pursuit of safety across the board". Could CMS please clarify whether the HENs will be contractually obligated to address only the harms that they discuss in their proposal or whether CMS intends to retain the right to require HENs to address additional topics that they identify after the contracts	CMS encourages offerors to propose what they believe to be the optimum solution to achieving the requirements as defined in the SoW. CMS holds contractors accountable to those requirements. A) As stated in the SoW, "HENs are expected to address all other forms of preventable patient harm in pursuit of safety across the board. HENs are expected to detail their plans to address these other forms of harm, including at a minimum the bold aims, measures, and evidence-based best practices they propose to put in place." B) The offeror's Business Proposals should be inclusive of costs associated with the HEN's commitment to safety across the board (beyond the ten core topics). C) See response above (B).

			have been signed? We would ask CMS to clarify whether HENS will be a) expected to target only those harms they specify in their proposal; b) expected to submit budgets that will enable them to target added harms CMS identifies that are not in their initial proposal; or c) expected to modify their contracts and budgets to accommodate added harms that CMS identifies after the contract is executed?	
50.	SECTION C.1 BACKGROUND	3	With the project goals of reducing all-cause preventable inpatient harm by 40 percent and readmissions by 20 percent, how will hospitals that	CMS recognizes hospitals who have achieved sustained benchmark performance on outcome measures. HENs are expected to continue to track and report hospital-level data on the required measures, so that high performance can be documented and sustained. Until the incidence of serious preventable patient harm is zero, there is still work to do.

			are sustaining rates of zero or meeting national benchmarks be handled? We believe these hospitals (especially focused on the CAH) should be included in the HEN but also believe their high baseline performance on some measures should not negatively impact HEN improvement goals.	
51.	SECTION C TASK FOUR: MEASURE AND TRACK HOSPITAL PERFORMANCE	8	Can HENs use a different baseline period for new hospitals that they recruit to participate? We ask this for two reasons. First, requiring baseline data collection from 2010 for hospitals that did not collect any data at that time is likely to be a major obstacle to	See Question #12.

			participation. Second, we do not know how it would benefit evaluation efforts to have baseline data from hospitals that were collected years before the hospitals began participating in HEN activities. If improvement between 2010 and 2014 occurred without any HEN involvement, then it is hard to understand how the HEN could claim responsibility for this improvement.	
52.	SECTION C TASK FOUR: MEASURE AND TRACK HOSPITAL PERFORMANCE, SUBTASK 4.1: COST SAVINGS AS A RESULT OF HEN ACTIVITIES	8	Does CMS intend to specify a standard approach for calculating cost savings that each HEN will be expected to use? We are concerned that differences in the method used	See Question #1.

			to calculate cost savings or differences in the costs associated with the harms we are tracking based on varying published reports on these costs or various decisions about whether to update these costs based on known levels of medical inflation may substantially skew comparative cost savings.	
53.	SECTION C TASK ONE: FINALIZE THE DESIGN OF THE PFP HOSPITAL BASED CAMPAIGN	5	Meetings under the prior HEN contract were subject to substantial review to ensure that costs did not exceed $100,000 and that they did not occur in locations of potential concern to the CMS project leadership. Could CMS please 1) clarify whether in-person meetings will be	Please see Question #2.

			subject to the same cost and location restrictions as the prior HEN contract; 2) explicitly state that there are no limits on cost or location beyond the expectation that both are reasonable and prudent; or 3) indicate what restrictions CMS intends to impose on the costs or locations of meetings as well as the approval process HENs will be required to follow?	
54.	SECTION C. SUBTASK 3.1: ACTION ON READMISSIONS	6	While reducing the rate of avoidable readmissions is desirable, we would like to know whether CMS is open to tracking reductions in the number—as opposed to merely the rate—	Yes, and further, CMS believes that tracking both rates and raw numbers would be valuable. The aims of the PfP are a 40% reduction in all-cause preventable inpatient harm and a 20% reduction in all-cause readmissions. Currently, readmission rates are a part of the accepted landscape of many HHS and quality improvement initiatives (e.g. Community-Based Care Transitions Program, CMS payment initiatives, and more). However, CMS encourages the HEN to track valuable information to the quality improvement efforts being implemented and will allow flexibility to HENs and hospitals in readmission measure selection.

			of avoidable readmissions. The reason we ask this question is because some of the most promising approaches for reducing avoidable readmissions are also likely to reduce admissions to the hospital (e.g. better care coordination with nursing homes, more community support, improved access to primary care, etc.). Successfully employing strategies targeting these areas is likely to reduce both the denominators and the numerators of readmission rates. We believe that both of these reductions are highly desirable for patient well-	

			being as well as for reducing hospitalization costs. But if the goal is a reduced readmission rate, versus reduced numbers of readmissions, strategies that impact admissions and readmissions may prove to be counterproductive or at least have little effect. Will CMS allow HENs to track numbers of admissions and readmissions as part of their efforts to demonstrate that they are meeting the goals for the HEN program?	
55.	SECTION C SUBTASK 1.2: RECRUITMENT OF HOSPITALS	5	HENS will be required to submit information about hospital participants and nonparticipants in its jurisdiction. While we support this requirement,	Please refer to Question #31. In order to protect the integrity of the PfP model test and evaluation, each HEN shall ensure their network hospitals are only enrolled in PfP activities for that HEN, rather than multiple HENs.

			we would ask that CMS clarify how a HEN will know what hospitals are in its jurisdiction. There is considerable geographic overlap between hospitals affiliated with multiple HENs. If CMS will know which hospitals are defined as not being within the jurisdiction of each HEN, then we would ask that the requirement for HENs to provide information about non-participating hospitals in its jurisdiction be dropped (since CMS will already know this). Alternatively, if CMS could clarify how a HEN should determine which hospitals are not in its jurisdiction, then	

			that would be helpful.	
56.	SECTION C TASK SIX: COLLABORATION, ALIGNMENT, AND COORDINATION WITH PfP PARTICIPANTS AND STAKEHOLDERS ON QUALITY IMPROVEMENT ACTIVITIES	9	In at least some states that may be a part of our HEN, we expect that the QIO will tell us that they are already doing the same sets of activities we intend to do for at least some of the targeted topics. Under this circumstance, will CMS hold the HEN harmless for the expected rates of improvement in areas that the QIN claims full responsibility for? Or is the HEN authorized to do whatever it believes is necessary in order to meet HEN goals even if there may be some perception of overlap between HEN and other CMS-funded	Systematic, aligned, and focused approaches to reducing patient harm are a critical component to achieving the PfP aims of a 40% reduction in preventable all-cause inpatient harm and a 20% reduction in all-cause readmissions. Mobilizing public-private partnerships, key stakeholders, HHS federal partners (e.g. QIN-QIO program) with system and method facilitates synergy and mitigates duplication of effort, as outlined in Task Six of the SoW. It is expected that HENs collaborate across the spectrum of quality improvement initiatives and that they document their participation, progress, and results. Further, the onus is on the contractors and offerors (HENs, QIN-QIOs, and other similar quality improvement efforts) to document and justify that no duplication of effort exists in their networks.

			activities?	
57.	SECTION C TASK SIX: COLLABORATION, ALIGNMENT, AND COORDINATION WITH PfP PARTICIPANTS AND STAKEHOLDERS ON QUALITY IMPROVEMENT ACTIVITIES	9	QINs in many states are likely to be either encouraging or requiring data submission on measures that overlap with those the HENs are tasked with tracking. In cases where the QINs are already collecting data, will they be required to share these data with the HEN? Or will CMS allow the HEN to set up and use a separate data collection process even though this represents a duplicative activity that overlaps with the QIN? Alternatively, will CMS expect the HEN to NOT collect data on measures in which these data are already being	Please refer to Question #56.

			collected by the QIN?	
58.	SECTION C. SUBTASK 1.1: DEVELOP MANAGEMENT PLAN	5	We believe that meeting the required goals will require immediate activity on the project. Will CMS allow improvement activities to be planned and executed before the Project Design report is submitted (after 60 days)? Or should no substantive improvement activities be planned during the first two months of the project period?	An offeror's proposal should describe in detail their optimum solution to achieving the goals of the PfP. CMS is interested in receiving proposals that reflect innovative approaches on how the contractor will plan to aggressively generate results immediately upon award of contract.
59.	SECTION C. TABLE 1: DELIVERABLES	11	The Project Design Report (draft and final) is listed for Task 1, but never mentioned in Task 1. Is this the same as the management plan from Subtask 1.1 on page 5?	CMS encourages offerors to reference Task One of the SoW which details the requirements of the Project Design Report. CMS considers the Project Design Report and the Management Plan to be separate and distinct deliverables. Requirements for the Management Plan are listed in Subtask 1.1. We have modified Task One and "Table 1: Deliverables" in the SoW to reflect the requirements of these two documents.

60.	General	N/A	Are HENs allowed to limit participating hospitals with whom they have preexisting financial arrangements (e.g. only their members), or must HENs be required to support all hospitals that express an interest in affiliating with them?	Offerors should propose what they believe to be the optimum solution to recruiting and supporting a robust HEN network. In the first phase of the PfP program, the initiative recruited over 3,700 hospitals, representing over 70% of acute care hospitals in the U.S. and over 80% of all-payer, acute care discharges. As a part of the continuation, we envision that the program would maintain and/or increase the current level of participation. The overall Partnership for Patients program goal remains to recruit the active participation of 100% of short-stay, acute care hospitals in the U.S.
61.	General	N/A	When does CMS intend to release the NCD RFP, and will organizations involved in HEN proposals be eligible to participate in an NCD proposal? Specifically, we would like CMS to clarify whether organizations bidding as a prime for a HEN contract will be eligible to bid as a	The new NCD support contract when available will be competed via an internal CMS IDIQ; therefore it will not be open to those organizations who would potentially submit a proposal for HEN 2.0 as a prime. If your organization is a HEN 2.0 subcontractor and you have interest in teaming with a potential NCD prime, CMS would assume that the potential prime contractor would submit a mitigation plan along with its proposal to make clear that no conflict of interest is, or would be present. The final decision regarding OCI rests with the Contracting Officer.

			prime or as a subcontractor on an NCD proposal. We would also ask them to clarify whether organizations bidding as subcontractors under one or more HEN proposals will be eligible to bid as a prime or as a subcontractor on an NCD proposal.	
62.	C.1 Background and C.3 Requirements (Measure and Track Hospital Performance)	Page 3 and Page 7-8	1)Would the following measure count for GLYCEMIC MANAGEMENT?: Manifestations of poor glycemic control [including diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis, and secondary diabetes with hyperosmolarity]:	CMS expects that the HENs will collect and report data on readmissions as listed in the SoW. Please refer to Question #5 for more information regarding ADE measures and Question #54 for additional details related to readmissions.

			(# occurrences of these diagnosis codes as a secondary diagnosis (diagnoses 2-9 on a claim) with a POA code of 'N' or 'U': 249.10–249.11, 249.20–249.21, 250.10–250.13, 250.20–250.23, 251.0/# inpatient discharges) 2)There was no measure for readmissions included in the table on page 7. Does this mean that the HEN is not required to collect data on readmissions from our hospitals? Will CMS be collecting data on readmissions on its own?	
63.	C.1 BACKGROUND	3	The 40/20 goal for this HEN program appears to be the same as the previous program.	The goals of the PfP program continue to focus on a 40% reduction in preventable all-cause harm and a 20% reduction in all-cause 30-day readmissions. HEN 2.0 will continue to focus on the same ten core areas of harm as did the previous program with a requirement for HENs to

			Can you clarify the differences (if any) and expectations in terms of the overall goals between the last HEN program and this new one?	expand their work to address all other forms of preventable harm as they strive for safety across the board.
64.	C.1 BACKGROUND	3	This section states that the PfP priority is the ten identified areas of focus but hospitals may address other forms of harm. However, in this same section, there is a requirement that HENs are expected to address all other forms of preventable patient harm in pursuit of safety across the board and HENs are expected to details those plans (and measures). However, in Section C.3, Task	For your multi-part question we will designate, “Part A” and “Part B”. A. In regards to additional areas of focus beyond the ten core topics, please see Question #49. B. CMS has included a table of measures that are commonly-reported and nationally-standardized compiled as a result of the previous work of the PfP. CMS allows flexibility to HENs and hospitals in measure selection where standardized measures are not available. HENs are encouraged to identify and address measures that are most impactful to their population.

			One, the SOW again states that HENs are expected to detail how they will foster improvements in only the ten core adverse areas (no mention of other areas) and in Task Two the SOW states that HENs are to detail training activities to address the ten core areas. In Task Four the only measures required (and provided) are in core topics. Given this, can CMS provide additional clarification on the HEN program expectations to address the non-core areas of harm? Specifically, which (if any) of the additional areas of harm will become required topics – in terms of	

			measurement and data submission and target attainment - for HEN 2.0 participants? Also, to maintain standardization of measurement, will CMS provide a set of desired, nationally endorsed measures for each of the suggested topics?	
65.	C.3 REQUIREMENTS, TASK ONE: FINALIZE THE DESIGN OF THE PFP HOSPITAL BASED CAMPAIGN, Subtask 1.1: Develop Management Plan	5	This section states that HEN shall submit a draft Management Plan for review and comment by the PfP. Additional detail may be provided based on the feedback from Government personnel. The HEN will be required to present the final version of the plan at the Kick Off meeting, which shall be	The Partnership for Patients SoW requires a management plan than addresses the HENs' approach to conducting the activities as stipulated in the SoW. There is no specific format for submission of the Management Plan. The HENs are advised to pay particular attention to the details being requested in the SoW. We encourage the HENs to take an autonomous approach on the particular formatting of the report but to work in collaboration with their respective CORs to determine what works best. The purpose of the Kick-off meeting is to review project expectations. Please see Question #59 for details on the deliverables listed in Task One.

			scheduled to occur no less than 14 calendar days following award. Can you provide any additional details on this Kick Off meeting? Also, the Management Plan is not listed on Table 1 Deliverables or in the Section F, page 14 table. Are there plans to add this as a specific deliverable due 14 days after contract award date?	
66.	C.3 REQUIREMENTS, TASK ONE: FINALIZE THE DESIGN OF THE PFP HOSPITAL BASED CAMPAIGN, Subtask 1.2: Recruitment of Hospitals	5	This section states that all activity related to recruitment shall be completed within 60 calendar days of contract award, and a final report submitted to CMS detailing participating hospitals. a) Just to clarify, does this mean	The overall Partnership for Patients program goal remains to recruit the active participation of 100% of acute care hospitals in the U.S. We envision that the program would actively engage, maintain, and/or increase the current level of participation. HENs are expected to report monthly on hospital recruitment activity until the completion of the contract. The specific format of the final report is currently under consideration. CMS intends to work with the Program Evaluation Contractor to identify the most effective means of evaluating the project. CMS will notify the HEN community once a final determination has been made.

			that after 60 days, HENs will not be expected to recruit (or report in monthly reports) on recruitment activity? b) CMS has asked for a final report detailing participating hospitals. Will this report be in the form of the z sheet or some other format? Can you provide clarification on what specific information will be required in this report?	
67.	C.3 REQUIREMENTS, TASK TWO: CONDUCT TRAINING and TASK THREE: TECHNICAL ASSISTANCE & SUPPORT TO HOSPITALS	6	We don't see any requirements for training reports, as was required in the original HEN program. Also, training reports are not listed in the schedule of deliverables. Will the HENs be expected to turn	Training Reports are no longer a required separate deliverable as in the original HEN program. Task Five requires the reporting of additional training details in the monthly reports.

			in training reports within a certain number of days following each training activity?	
68.	C.3 REQUIREMENTS, TASK THREE: TECHNICAL ASSISTANCE & SUPPORT TO HOSPITALS, Subtask 3.3: Patient and Family Engagement	6	Patient and family engagement (PFE) is integral to the success of this effort and we strongly welcome the requirement to measure and report on proven best practices in the area of patient and family engagement. We would, however, like to get additional detail regarding the required measurement in this area: a) Will the required measurement be conducted in the form of a Z-sheet, as during the first HEN program, or will there be a new measurement	We agree that Patient and Family Engagement is critical to the success of this effort. CMS intends to work with the Program Evaluation Contractor to identify the most effective means of evaluating the project. CMS envisions that this information will be shared with the HEN community at the time of HEN contract award, or shortly thereafter.

			strategy? If so, please provide details. b) Will standardized measures to track desired aspects of PFE be provided to the HENs (analogous to measures provided for Adverse Event Areas)?	
69.	Section C.3 REQUIREMENTS, TASK FOUR: MEASURE AND TRACK HOSPITAL PERFORMANCE	7-8	Throughout the duration of the first HEN initiative, the HEN performance evaluation methodology evolved and culminated in the "ACT score" approach used to evaluate the HENs during the third year of the project. Has a consistent evaluation methodology been developed for this new HEN program? If so,	The evaluation methodology is a critical component to the overall success of the PfP model test. CMS encourages offerors to propose and support innovative, evidence-based methodologies in quantifying their results. CMS intends to work with the Program Evaluation Contractor to identify the most effective means of evaluating the project. CMS envisions that this information will be shared with the HEN community at the time of HEN contract award, or shortly thereafter.

			can you share any details of this methodology?	
70.	Section C.3 REQUIREMENTS, TASK FOUR: MEASURE AND TRACK HOSPITAL PERFORMANCE	7-8	We greatly welcome the effort to standardize measurement in the second phase of the PfP, and are happy to see the RFP provide a specific list of measures, covering the following 8 Areas of Focus: EED OB-Other CAUTI CLABSI FALLS PrU VTE SSI (although it seems only SIR measure is to be collected?) However, specific and nationally-endorsed measures are not provided for ADE, READMISSIONS and VAE. Will you	Please refer to Questions #5 regarding the selection of measures for ADEs and readmissions and Question #42 with regard to measurement of VAE.

			be providing the desired, nationally endorsed measures for: ADE (measures covering the high alert ADEs) READMISSIONS VAE (RFP indicates VAC and IVAC components – are these to be reported separate, and in accordance to NHSN definitions?)	
71.	Section C.3 REQUIREMENTS, TASK FOUR: MEASURE AND TRACK HOSPITAL PERFORMANCE	7-8	A significant nuance, and challenge, that became apparent during the first HEN initiative was the definition of the data baseline period. Although stated that 2010 will be the desired baseline period, not all participating hospitals were able to provide data dating back to 2010. As such,	Please refer to Question #12 for information related to identifying appropriate baselines. CMS defines a baseline period as the average total annual rate of a specific topic area of harm.

			the earliest data points available to the HEN varied across years, in some instances. It would be very beneficial to the standardization of measurement effort if baseline definition was expanded, and clearly defined: a) Can you define how HENs should handle situations where hospitals are unable to provide data dating back to 2010, and the variation among first-available data points with respect to the time period is too large to allow for "cohorting" of hospitals? b) Does the baseline reflect an average, a maximum, or a minimum rate	

			across the desired 2010 period? Can you clarify how the baseline is to be calculated?	
72.	Section C.3 REQUIREMENTS, TASK FOUR: MEASURE AND TRACK HOSPITAL PERFORMANCE, Subtask 4.1: Cost Savings as a Result of HEN Activities	8	Cost saving and quantification of harm reduction are fundamental to demonstrating the value of this effort. During the first HEN initiative, a majority of HENs relied up on the cost-per-case values that were provided by the CMS Evaluation Contractor team. To provide a more accurate assessment of the financial impact of this work: a) Will CMS or the Evaluation Contractor provide cost-per-case values for each of the standardized outcome measures covering all the	Please refer to Question # 1.

			AEAs or does CMS expect the participating hospitals to provide their own, specific cost-per-case values for each of the measures being submitted? b) Will CMS provide a standardized cost-savings calculation model to be used by all the HENs?	
73.	C.3 REQUIREMENTS, TASK SIX: COLLABORATION, ALIGNMENT, AND COORDINATION WITH PfP PARTICIPANTS AND STAKEHOLDERS ON QUALITY IMPROVEMENT ACTIVITIES	9	This section states that the contractor shall coordinate with other PfP participants and stakeholders including QIN-QIO community and the Community Based Care Transitions Program where applicable to collect and share data and other elements necessary to	For your multi-part question we will designate, “Part A” and “Part B”. A. CMS intends to provide HENs shortly after contract award a list of the QIN/QIOs in support of building collaborative partnerships. B. In an effort to prevent unnecessary reporting burden on the hospital, we believe that mobilizing public-private partnerships, key stakeholders, and HHS federal partners such as QIN-QIO program with system and method facilitates synergy and mitigates duplication of effort, as outlined in Task Six of the SoW. It is expected that HENs collaborate across the spectrum of quality improvement initiatives and that they document their participation, progress, and results.

			implement, operate and evaluate the PfP and to achieve the shared aims of the project. These collaborative efforts should include the coordination of activities to synergize partnering entities contributions to harm reduction as well as environmental scans of recruited hospitals to prevent unnecessary burden with regard to programming and reporting. a) Will it be possible to obtain a contact list of QIN-QIO, which could be made available to HENs to ensure appropriate contacts can be	

			made with corresponding QIN's in relation to hospitals served? b) Can you provide more details or examples of what you mean by "prevent unnecessary burden?" For example, is there an expectation of joint site visits or other HEN / QIN joint program activities?	
74.	General	N/A	Has CMS considered the disruption that would occur if previous HENs are not renewed for this program? If so, can you provide some details on CMS' plans to address	Yes, CMS has considered the disruption if the HENs' support is not continued. In recognizing the importance of patient safety and the impact of the PfP initiative, CMS leadership approved a one-year open competition to sustain the momentum, infrastructure, and initial impact of the model. In addition, during the original period of performance, CMS encouraged HENs to continue their momentum on the important harm reduction efforts with a focus on sustainability. CMS is committed to further reducing all-cause preventable patient harm by 40% and 30-day readmissions by 20%.
75.	Task Four: Measure and Track Hospital Performance	7-8	Will CMS identify common	See Question #5 for details on measures for ADEs and readmissions.

			measures for adverse event areas that are included in the core set of preventable harms? Adverse Drug Events and Readmissions have been omitted from the measures list.	
76.	Task Four: Measure and Track Hospital Performance	7	Will CMS allow HENs with a significant portion of rural and critical access hospitals (where SIRs are not calculated by NHSN due to low denominators) to select appropriate measurement alternatives for CAUTI and CLABSI, such as building a cohort with non-risk adjusted rates (similar to IQR)? Or alternatively, can the HEN self-calculate Standard Infection Ratios (non-risk adjusted) for low	CMS recognizes the unique challenges of rural and critical access hospitals. HENs are encouraged to identify and address measures that are most impactful to their populations. An offeror's proposal should describe in detail their optimum solution to achieving the goals of the PfP.

			denominator settings where NHSN does not calculate a SIR?	
77.	Task Four: Measure and Track Hospital Performance	7	Is NQF 201-PrU prevalence a required measure or can HENs select between PSI-3 and NQF-201?	HENs are encouraged to identify and address measures that are most impactful to their populations. The measures listed in the table under Task Four are the results of measure convergence from learnings of the past three years of this work. Both measures have been noted as nationally standardized for assessing Pressure Ulcer rates, and CMS suggests that the offeror consider their selection of one or both of these measures in order to meet the reporting requirement of at least 15 out of the 17 listed measures.
78.	Task Four: Measure and Track Hospital Performance	8	IVAC and VAC data will only be available beginning for 2013. Will the HENs be expected to submit other historical data for this focus area?	Please see Question #12.
79.	Task Four: Measure and Track Hospital Performance	8	What should be done where 2010 baseline data is not available?	Please see Question #12.
80.	Task Four: Measure and Track Hospital Performance	7	Please clarify units included in CAUTI measures. Should PICU be included in an adult measure? NICU is specifically	HENs are encouraged to identify and address measures that are most impactful to their populations. Further, CMS refers to the January 2015 recommendations for Surveillance of CAUTI published by the Centers for Disease Control (CDC) with regard to units included in their reporting requirements. www.cdc.gov/nhsn/pdfs/pscManual/7pscCAUTIcurrent.pdf

			excluded, but PICU is not.	
81.	Task Four: Measure and Track Hospital Performance	7	Please clarify units included in CLABSI measures. Should NICU and PICU be included in an adult measure? NICU is specifically included, but PICU is not.	HENs are encouraged to identify and address measures that are most impactful to their populations. Further, CMS refers to the January 2015 recommendations for Surveillance of CLABSI published by the Centers for Disease Control (CDC) with regard to units included in their reporting requirements. www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf
82.	Task Four: Measure and Track Hospital Performance	8	Will NHSN provide output for Harmonized Procedure Specific Outcome Measure for Hip and Knee Replacements?	CMS cannot comment on the specifics of future potential NHSN output and would refer the offeror to the CDC for inquiry.
83.	F-3 Period of Performance & J-3 Section C II A Period of Performance	15	F-3 states the period of performance of this contract shall be 12 months from the award date. C II A states the contract shall be conducted in two (2) phases. Each phase is contingent upon funding availability.	Assuming you are referencing the National Content Developer contractor SoW, please refer to Question #44.

			1. Phase I will consist of an eighteen (18) month period of performance 2. Phase II will consist of one optional eighteen (18) month period of performance Please clarify the period of performance for this contract.	
84.	Section C.1. Background	3	"Ventilator-Associated Events (VAE), to include infection related Ventilator-Associated Complications (IVAC) and Ventilator-Associated Conditions (VAC)" -- For VAE events: VAE events are defined as VAC, IVAC, and PVAP (possible) in NHSN. This definition is new	Please refer to Question #12.

			beginning January of 2015; thus, no baseline or comparable data exists. What data would be used as baseline for this definition? And, which of these three components of VAE: VAC, IVAC, and PVAP would be collected?	
85.	Section C.1. Background	3	Will the Evaluation Contractor or CMS provide outcome measure definition of the patient population, the numerator and the denominator for each measure? Specifically the ADE and Falls measures and the special topic areas of Sepsis, C. diff, Worker's Safety, Failure to Rescue, Airway Safety and Undue Exposure to Radiation?	CMS intends to work with the Program Evaluation Contractor to support the HENs in defining their individual outcome measures definitions, including patient populations, numerators, and denominators for each measure

86.	Section C.1. Background	3	Will the Evaluation Contractor or CMS provide measure definition for VAE?	Please refer to Question #85.
87.	Section C.1. Background	3	CMS needs to clarify the definition of reduction. As it currently reads it is not clear as to whether this reduction is in rate or incident count.	The aims of the PfP are a 40% reduction in all-cause preventable inpatient harm and a 20% reduction in all-cause readmissions. CMS encourages the HEN to track valuable information to the quality improvement efforts being implemented. CMS will allow flexibility to HENs and hospitals in measure selection. HENs are encouraged to identify and address measures that are most impactful to their populations.
88.	Section C.1. Background	3	The proposal uses the term "all-cause preventable inpatient harm" with a goal of 40% reduction. What proportion of inpatient harm has been calculated to be preventable? What proportion of readmissions has been calculated to be preventable? In past work, only 44% of all inpatient harm was estimated to be preventable	The goals for the Partnership for Patients remain a 40% reduction in preventable all-cause inpatient harm, and a 20% reduction in 30-day readmissions. We believe that these goals are achievable. Evidence suggests that 44% of all inpatient harm is estimated to be preventable.

			which would make the 40% reduction in preventable all-cause inpatient harm only a 17.6% reduction—does that rule hold true here as well?	
89.	Section C.1. Subtask 1.2: Recruitment of Hospitals	5	"In the first phase of the PfP program, the initiative recruited over 3,700 hospitals. As a part of the continuation, we envision that the program would maintain and/or increase the current level of participation. The PfP intends to extend the existing test.." What existing test is this referencing?	CMS has dedicated funding in the Innovation Center to test the Partnership for Patients, which is a model to reduce preventable hospital-acquired conditions and to reduce readmissions. PfP, which began testing in 2011, represents the combined efforts of multiple partners, as well as federal and non-federal programs, in an aligned effort to improve patient safety by reducing preventable hospital-acquired conditions by 40% and readmissions by 20%. In recognizing the importance of patient safety and the impact of the PfP initiative, CMS leadership approved a one-year open competition to sustain the momentum, infrastructure, and initial impact of the model.
90.	Section C.1. Task 4 Measure and Track Hospital Performance	7	What frequency of data reporting is expected to satisfy this task on each of the listed measures? How will corrections of	We will designate your multi-part question as, "Part A", "Part B", and "Part C". A. CMS believes that monthly data collection is integral to the success of quality improvement efforts, so that action can be taken in real-time. CMS requires HENs to report data on a monthly basis, as noted in Task Five.

			previously submitted data be integrated? Will the evaluation contractor be providing a set of data definitions including populations, numerators and denominators?	B. CMS is unable to determine the context (monthly data collection or data submitted under PfP 1.0) of your question, "How will corrections of previously submitted data be integrated?" C. Please see Question #85.
91.	Section C.1. Task 4 Measure and Track Hospital Performance	7	Recognizing that hospitals are requested to enter NHSN data on a monthly basis, complete and accurate NHSN data is often not available until after the CMS transfer date from NHSN which presents a lag time in obtaining complete and accurate NHSN data. To be able to obtain complete and accurate NHSN data, is it possible for the data reporting period to reflect the NHSN CMS deadlines?	CMS believes that monthly data collection is integral to the success of quality improvement efforts, so that action can be taken in real-time. CMS requires HENs to report data on a monthly basis, as noted in Task Five, including both process and outcome measures. To mitigate and reduce the lag time, process measures results provide information that HENs can utilize during the NHSN reporting period.

92.	Section C.3. Task 1 – Subtask 1.2 Recruiting of Hospitals		Will hospitals that are not classified as Acute Care Hospitals which would include Long Term Acute Care Hospitals, Psychiatric Hospitals, Behavioral Health Hospitals, and other specialty hospitals be considered candidates for recruiting and if so, should they be included in the budget?	Please refer to Question #4.
93.	Section L. L.4. Part I: Organizational Requirements (shall not exceed 2 pages)	57-58	Are all requirements required for all direct contractors or would an organization qualify if they met one or more of the requirements?	Assuming you are referring to the eligibility requirements listed in Section L, Organizations will have to meet at least one, but not all, of the eligibility criteria.
94.	Section M. M.3. Organizational Requirements	64-65	Are all requirements required for all direct contractors or would an organization qualify if they met one or more of the	Please refer to Question #93.

			requirements?	
95.	Section C. Subtask 4.1. Task Five: Ongoing Status Updates	9	With the original HEN initiative, we had many solicitations from the Evaluators for information that was contained in the various reports that were submitted. Will the monthly and mid-year reports be shared with the Evaluators?	CMS strives to reduce unnecessary reporting burden, and works in collaboration with the various support contractors (Evaluation Contractor, National Content Developer, Patient and Family Engagement Contractor) to share electronic copies of monthly, mid-year, and annual progress reports.
96.	Section C. Subtask 4.1.Task Eight: Prepare a Final Report	10	Will the Mid-year Status Report replace the monthly report that is scheduled for that month?	Please see Question #45.
97.	Section C	7	#1: For CAUTI and CLABSI SIR Analysis: Would the data be more specific and improvement more objective if ICU data is followed separately from outside ICU data? Also, instead of all units outside of ICU, could hospitals follow	CMS encourages HENs and hospitals to identify both process and outcome measures that are impactful to their populations and serve to inform quality improvement efforts. CMS would refer the HENs to the January 2015 CDC recommendations for the Surveillance of CLABSI and CAUTI published by the Centers for Disease Control (CDC) with regard to the units included in their reporting.

			specifically the NHSN locations of Medical, Surgical, and Medical Surgical Units which again would give more specific and more comparable data?	
98.	Section C3. Requirements, Task Four: Measure and Track Hospital Performance	8	This task states that the HEN "shall provide baseline information based on 2010 data for each area of focus." However, some indicators are new and therefore 2010 data does not exist. In some instances the definitions of measures have changed and therefore it would be inappropriate to compare data since 2010. Can CMS clarify how it would address these issues?	Please refer to Question #12.

99.	C.3 Requirements, TASK FOUR: Measure and Track Hospital Performance	8	This section notes that "the government has a need to obtain data at the hospital level to better ascertain the level of attribution to PfP-aligned versus non-PfP-aligned hospital locations." Can you explain in more detail the plan for using hospital level de-identified data for the purposes of non-PFP comparisons? Can you explain the attribution methodology and what, if anything, the HENs will need to collect to support that analysis?	Hospital-level data (either identified or de-identified) is necessary for attributing success to the Partnership for Patients model test. All de-identified hospital-level data would be used only for PfP evaluations. To strengthen the use of this hospital-level data, it would be most helpful to CMS for contractors to have a solid baseline to inform improvement activities. Please see Question #12 for more information on baseline data.
100.	Section C	8	Will CMS provide a standardized methodology that HENs can employ to quantify avoided harm? To quantify avoided	CMS intends to work with the Program Evaluation Contractor to support the HENs in quantifying avoided harm, including individual outcome measure definitions, patient populations, numerators, and denominators for each measure.

			harm, we recommend that CMS instruct HENs to use the harm rate in a specific base period as the expected rate in the post-intervention period and to derive avoided harm as the difference between actual and expected events in the post-intervention period. If appropriate and feasible, the expected rate should be adjusted to reflect the risk profile of the actual rate, or vice versa.	
101.	Section C	8	Will CMS provide a standardized methodology that HENs can employ to quantify cost savings? To quantify cost savings, we recommend that	Please refer to Question # 1.

			CMS instruct HENs to compare the costs hospitals would have incurred to treat the avoided complications with the costs they incurred instead to avoid the complications. We do not recommend defining savings in terms of Medicare fee-for-service payments because Medicare has already achieved savings through its hospital-acquired condition (HAC) code suppression policy and Affordable Care Act quality provisions. Moreover, since Medicare payments are below cost for virtually all hospitals, we do not believe CMS should	

			recommend further payment cuts based on hospital cost savings associated with the PfP program.	
102.	Section C	8	Will CMS provide estimates of the cost of treating complications? For the last contract, CMS provided a compendium of estimates of the cost of treating certain complications based on methods that were not comparable and that did not consider the cost of the interventions required to avoid the complications. For the new contract, we recommend that CMS provide estimates of the cost of treating a comprehensive	Please refer to Question # 1.

			set of complications based on a rigorous econometric study, and we can refer CMS to a new, as yet unpublished study by Premier, Inc. on this topic.	
103.	Section C	8	Will CMS provide a standardized methodology that HENs can employ to quantify return on investment (ROI)? Assuming the investment refers to the PfP grant, we recommended calculating the ROI as the HEN's net savings (as defined above) divided by its PfP grant	Please refer to Question # 1.
104.	C.1	3	Is the baseline period for % of improvement 2010 or 2013?	Please refer to Questions #12 and #20.
105.	C.1	3	With no identified ADE measures in the RFP, will HENs be able to	See Question #5.

			continue with the established measures for opioid safety, anticoagulation safety, and glycemic management?	
106.	C.1	3	How should HENs with hospitals with pediatric wards include these wards in data when reporting is new and has not been collected as long as in adult wards?	CMS welcomes the inclusion of those hospital units who previously have not submitted data or participated in PfP activities. CMS encourages HENs and hospitals to identify both process and outcome measures that are impactful to their populations and serve to inform quality improvement efforts. Please refer to Question #12 for information on baseline calculation.
107.	C3, Subtask 1.2	5	Are only acute care hospitals eligible for recruitment, or can LTAC and Rehab IRFs participate as HEN hospitals?	Please refer to Question #4.
108.	C3	6	Are HENs expected to support hospitals' collection and use of REAL data, or are HEN hospitals expected to report REAL data as part of their participation in the	CMS is committed to addressing healthcare disparities as described in Subtask 3.2: Disparities in the SoW. Offerors are encouraged to propose what they believe to be the optimum solution to the three targeted activities outlined in Subtask 3.2, as applicable to their specific populations.

			HEN?	
109.	C, Task 3	6	Will measures be identified or recommended for readmissions?	Please see Question #5.
110.	C, Task 4	8	Is 2010 baseline for all measures? CAUTI and CLABSI reporting in “other units” (wards) began in 2014, and VAE in 2013.	Please see Question #12.
111.	C, Task 4	8	How will aggregate/individual progress be calculated? Should target/threshold of performance e measured by events or rates?	Please see Question #87.
112.	C, Task 5	8-9	Will monthly reports be required on the same months the mid-year report (month 6) and the final report (month 12) are due?	Please refer to Question #45.
113.	C, Task 5	9	Will HENs continue reporting the “Z-5” scoring evaluation of our HEN facilities?	CMS utilized the z-scores for the purposes of monitoring performance during PfP 1.0. CMS intends to work with the Program Evaluation Contractor to support the evaluation, and HEN quality improvement efforts, will make a determination on continuing the z-score method, and will

				provide more information upon award of contracts.
114.	C, Task 6	9	Please elaborate on how HENs can avoid duplication with QINs. If a hospital joins a HEN but is already working with the QIN on CAUTI reduction for example, can that hospital also participate in CAUTI reduction efforts supported by the HEN?	Systematic, aligned, and focused approaches to reducing patient harm are a critical component to achieving the PfP aims of a 40% reduction in preventable all-cause inpatient harm and a 20% reduction in all-cause readmissions. It is expected that HENs collaborate across the spectrum of quality improvement initiatives (e.g. with QIN-QIOs) to develop strategies that both a) accomplish the goals of their respective projects, while b) avoiding duplicative activities. The manner in which this task is successfully accomplished is through open, collaborative, teaming between organizations. Further, the onus is on the contractors and offerors (HENs, QIN-QIOs, and other similar quality improvement efforts) to document these plans, and justify that no duplication of effort exists in their networks. Please refer to Question # 56 for additional information.
115.	Section C.3 Requirements - Task Four: Measure and Track Hospital Performance	8	Several of the measures in the required 17 measures were developed and not widely available until after 2010. How should baseline data be handled if 2010 data is not available?	Please see Question #12.
116.	Section C.3 Requirements - Task Four: Measure and Track Hospital Performance	8	Can you clarify what has to be sent to CMS regarding process measures?	CMS encourages HENs and hospitals to identify both process and outcome measures that are impactful to their populations and serve to inform quality improvement efforts. See Question #23.

117.	Section C.3 Requirements - Task Four: Measure and Track Hospital Performance	8	In the case of the NHSN measures, how shall the data be reported if a hospital does not have a calculated SIR for the reporting time period?	CMS refers to the CDC guidance on collecting and reporting NHSN measures, which is available here: http://www.cdc.gov/nhsn/settings.html.
118.	Section C.3 Requirements – Subtask 4.1: Cost Savings as a Result of HEN Activities	9	Will CMS be providing all of the HENs with standard estimated cost savings by each adverse event area? If not, how should this be determined?	Please refer to Question # 1.
119.	Section C.3 Requirements – Task Five: Ongoing Status Updates	8	Will CMS provide a monthly and mid-year report template for HENs to complete?	CMS intends to provide monthly and mid-performance-period report templates to all awardees.
120.	Section C.3 Requirements - Task Six – Collaboration and Alignment	9	Must there be a signed agreement between the QIN and HEN contractor for the purpose of sharing hospital enrollment lists, aggregate trend data for Medicare populations, or hospital level data	Please refer to Question #56.

			– or is open sharing of this information, by both parties, an expectation for collaboration?	

OCI Questions

Question No.	Section and Title	Page #	Question	CMS Response
1.	C.3 Requirements	4	There is language in the solicitation that suggests that HENs have to mitigate potential overlap of services by not offering them to providers who are part of another HEN or QIO activity. Should this language be interpreted to mean that a provider can only join a HEN or a QIO effort, but not both? The language from the HEN 2.0 RFP is below: "The plan shall identify critical milestones, timelines, and activities to be performed by the HEN in order to engage and educate hospitals in learning collaborative to share best practices for the reduction of patient harm. The plan shall identify significant items such as, but not limited to: The manner in which the HEN will enroll hospital participants in its training sessions and to ensure no duplication of a hospital engaging with another HEN, and/or any other CMS quality improvement program (e.g. QIN-QIOs); the plan shall also address actions to be taken by the HEN in the event it cannot engage a particular hospital or a hospital drops out of the HEN's learning collaborative	Please refer to Task Six in the SoW, which provides additional detail on the nature of HEN and QIN-QIO collaboration requirements. HENs are expected to perform an environmental scan of their proposed network hospitals and determine the current and ongoing plans for participation, data collection, and reporting. There are not prohibitive guidelines that prevent hospitals enrolled with a QIO from participating in the PfP, nor vice versa. However, the onus is on the contractors and offerors (HENs, QIN-QIOs, and other similar quality improvement efforts) to document and justify that no duplication of effort exists in their networks.

			efforts;"	
2.	Section H.1 Conflict of Interest Disclosures	29 last paragraph	Will paragraphs H.1.e and H.1.f be enacted for this RFP?	Paragraphs H.1.e and H.1.f are not included in this RFP, therefore there is no requirement to provide that particular information.
3.	Section L.4 Part III Business Submission	61	In the past, QIO's and state hospital associations have been contracted for subject matter expertise. Can we contract with these organizations to provide direct services for hospitals?	CMS encourages the leveraging of expertise between different organizations. QIO's may in fact be engaged as subcontractors, provided that the work they are tasked with under HEN 2.0 does not duplicate work they are already contracting for under their respective QIO contract. State Hospital Associations may be engaged as subcontractors as well.
4.	SECTION J – List of Attachments	J.12 – Personal Conflicts of Interest Financial Disclosure	Is the attachment J.12 Personal Conflicts of Interest Financial Disclosure required to be submitted at the same time as the proposal?	Yes, if applicable.
5.	Section L-INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFERORS OR QUOTERS, L.4 PROPOSAL CONTENTS, Part IV. Conflict of Interest Submission	61	Offerors are required to identify any potential or actual conflicts of interest and all potential offerors that serve as QIO contractors or who may be considering applying for the "TCP" (assume this is intended to read "TCPI") grants must give consideration to this with respect to the current requirement. Can you provide some clarification on this	The identification of OCI(s)/PCI(s) will be dependent upon each potential offeror and its potential subcontractors. It is therefore the responsibility of each individual offeror to comply with Section L.4 independently. Given the answer above CMS will not provide examples of potential conflict of interests.

			statement and some examples of what you would consider to be potential conflicts that could exist with offerors who apply for both TCPI and this HEN program?	
6.	Section L- INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFERORS OR QUOTERS, L.4 PROPOSAL CONTENTS, Part IV. Conflict of Interest Submission	61	Is the Conflict of Interest Submission intended to consist of the "Business Ethics, Conflict of Interest and Compliance Submission", "Personal Conflicts of Interests (PCI) Financial Disclosure", and "Offeror/Contractor Compliance Officer Analysis of Individual Personal Conflicts of Interest" templates included as Attachments J. 11 and J.12? Is there page limit restriction to this submission section?	Yes and there is no page limit.